

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: TRANSFORMER WINDING AND  
PRODUCTION METHOD THEREOF  
Attorney Docket Number:: 0502-1040  
Request for Early  
Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-MARC  
Middle Name::  
Family Name:: SCHERRER  
Name Suffix::  
City of Residence:: RIEDISHEIM  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 5A, RUE DU COLLÈGE  
Address::  
City of Mailing Address:: RIEDISHEIM  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 68400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-PAUL  
Middle Name::  
Family Name:: SCHERRER  
Name Suffix::  
City of Residence:: MULHOUSE  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 76A, AVENUE DE LA LÈRE D.B.  
Address::  
City of Mailing Address:: MULHOUSE

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 68100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-CLAUDE  
Middle Name::  
Family Name:: BEISSER  
Name Suffix::  
City of Residence:: L'ARGENTIÈRE LA BESSÉE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 1, BOUCLE DES DAUPHINELLES  
City of Mailing Address:: L'ARGENTIÈRE LA BESSÉE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 05520

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/001198	5/14/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/05917	5/16/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::